**BILLING CODE: 4510-CR-P** 

## DEPARTMENT OF LABOR

Office of the Secretary

Agency Information Collection Activities; Submission for OMB Review; Comment

Request; Claim for Medical Reimbursement

ACTION: Notice.

SUMMARY: The Department of Labor (DOL) is submitting the Office of Workers' Compensation Programs (OWCP) sponsored information collection request (ICR) revision titled, "Claim for Medical Reimbursement," to the Office of Management and Budget (OMB) for review and approval for use in accordance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501 et seq.).

DATES: Submit comments on or before [INSERT DATE 30 DAYS AFTER THE DATE OF PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: A copy of this ICR with applicable supporting documentation; including a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained from the RegInfo.gov Web site,

http://www.reginfo.gov/public/do/PRAMain, on the day following publication of this notice or by contacting Michel Smyth by telephone at 202-693-4129 (this is not a toll-free number) or sending an email to DOL PRA PUBLIC@dol.gov.

Submit comments about this request to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for DOL-OWCP, Office of Management and Budget, Room 10235, 725 17th Street, N.W., Washington, DC 20503, Fax: 202-395-6881 (this is not a toll-free number), email: OIRA\_submission@omb.eop.gov.

FOR FURTHER INFORMATION: Contact Michel Smyth by telephone at 202-693-4129 (this is not a toll-free number) or by email at DOL\_PRA\_PUBLIC@dol.gov.

AUTHORITY: 44 U.S.C. 3507(a)(1)(D).

SUPPLEMENTARY INFORMATION: Beneficiaries file a Claim for Medical Reimbursement, Form OWCP-915, to obtain reimbursement for out-of-pocket covered medical expenses paid by a beneficiary. Required billing data elements (prepared by the medical provider) and proof of payment by the beneficiary must accompany the claims form. While not expected to change respondent burden, this ICR has been characterized as a revision because the agency has reformatted elements of Form OWCP-915 (e.g., replaced an obsolete logo with the DOL Seal, provided an additional notice on the rights of respondents with disabilities, and removed references to the no longer existent Employment Standards Administration).

This information collection is subject to the PRA. A Federal agency generally cannot conduct or sponsor a collection of information, and the public is generally not required to respond to an information collection, unless it is approved by the OMB under the PRA and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a valid Control Number. See 5 CFR 1320.5(a) and 1320.6. The DOL obtains OMB approval for this information collection under Control Number 1240-0007. The current approval is scheduled to expire on December 31, 2012; however, it should be noted that existing information collection requirements submitted to the OMB receive a month-to-month

extension while they undergo review. For additional information, see the related notice

published in the Federal Register on September 17, 2012 (77 FR 57161).

Interested parties are encouraged to send comments to the OMB, Office of

Information and Regulatory Affairs at the address shown in the ADDRESSES section

within 30 days of publication of this notice in the Federal Register. In order to help

ensure appropriate consideration, comments should mention OMB Control Number

1240-0007. The OMB is particularly interested in comments that:

Evaluate whether the proposed collection of information is necessary for

the proper performance of the functions of the agency, including whether the information

will have practical utility;

Evaluate the accuracy of the agency's estimate of the burden of the

proposed collection of information, including the validity of the methodology and

assumptions used;

Enhance the quality, utility, and clarity of the information to be collected;

and

Minimize the burden of the collection of information on those who are to

respond, including through the use of appropriate automated, electronic, mechanical, or

other technological collection techniques or other forms of information technology, e.g.,

permitting electronic submission of responses.

Agency: DOL-OWCP.

Title of Collection: Claim for Medical Reimbursement.

OMB Control Number: 1240-0007.

Affected Public: Individuals or Households.

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Total Estimated Number of Respondents: 8,309.

Total Estimated Number of Responses: 24,872.

Total Estimated Annual Burden Hours: 4,294.

Total Estimated Annual Other Costs Burden: \$42,689.

Dated: December 11, 2012.

Michel Smyth,

Departmental Clearance Officer.

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